

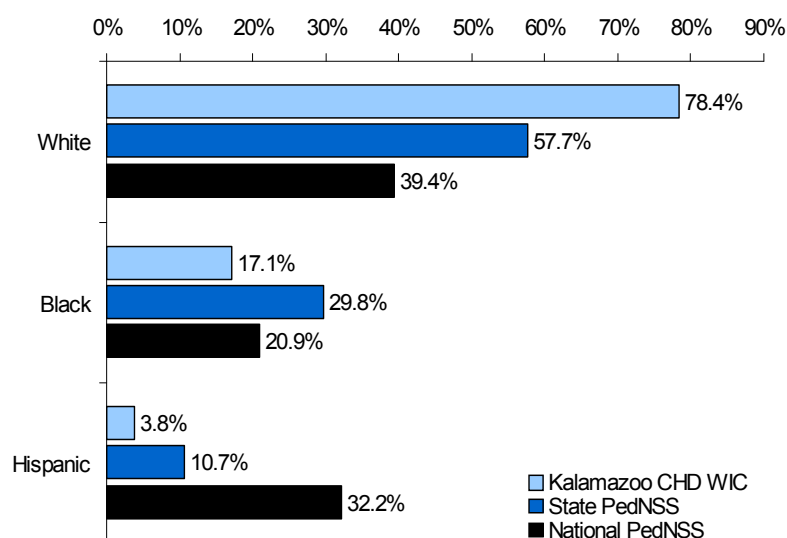
2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

The goal of Michigan WIC is to improve the health outcome of low income nutritionally at-risk women and children by providing supplemental nutritious foods, offering nutrition education/counseling, breastfeeding support, and referral to other health and social services. This report is developed to provide specific local information regarding the health and nutritional status of WIC participants. In order to provide local statistics stratified by age and race/ethnicity, three-year averages were calculated for each health indicator. Consequently, point estimates represent the incidence or prevalence of an indicator between the years 2001 and 2003. Trends were constructed using rolling averages and cover the period between 1998 and 2003.

Of the 15,447 infants and children under the age of five years old in Kalamazoo County in 2000 (6.5% of the county's population), 14.6% live below poverty. Eligible residents in Kalamazoo County are served by two WIC agencies: Kalamazoo County Health Department (Kalamazoo CHD) and Kalamazoo Family Health Center. Kalamazoo CHD served approximately 3,313 of all WIC infants and children under five years old in 2003. Information about participants under the age of five years old served by Kalamazoo CHD WIC indicated:

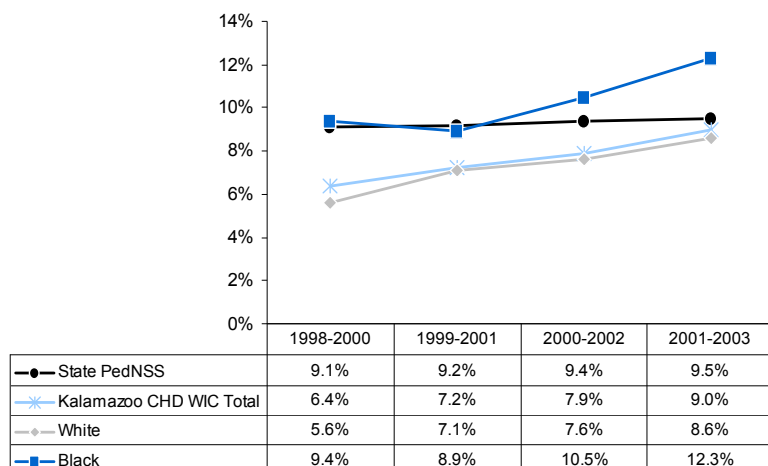
- The overall incidence of low birthweight was 9.0%;
- One in ten infants had a birthweight greater than 4000g (13lbs 8oz);
- Among Black infants and children there was a slight difference in the prevalence of short stature in children two to five years old and infants and children under two years old: 9.3% and 11.4%;
- The prevalence of underweight is nearly five times higher among infants and children under two years old and children two to five years old;
- 14.2% of White children were overweight and 19.5% were at risk of overweight;
- 19.0% of all infants and children under five years old had iron deficiency anemia;
- 41.5% of White infants were ever breastfed and 38.3% of Black infants were ever breastfed.

Figure 1. **Racial/ethnic distribution** among infants and children under five years old, 2001-2003 PedNSS



Although 17.1% were non-Hispanic Black, the majority of infants and children under five years old of Kalamazoo CHD WIC were non-Hispanic White.

Figure 2. Trend in **low birthweight*** by race/ethnicity among infants in the Kalamazoo CHD WIC agency, 1998-2003 MI PedNSS



*Low birthweight is defined as having a birthweight less than 2500 grams (5lbs 9 oz) regardless of gestational age.

The incidence of low birthweight among Kalamazoo CHD WIC was increasing, on average, faster than the state WIC infants: 12.1% per year compared to 1.6% per year.

Although the Black infants had a consistently lower prevalence of infants ever breastfed the trend increased an average of 16.3% per year since 1998-2000.

Figure 3. Trend in **ever breastfed** by race/ethnicity among infants in the Kalamazoo CHD WIC agency, 1998-2003 PedNSS

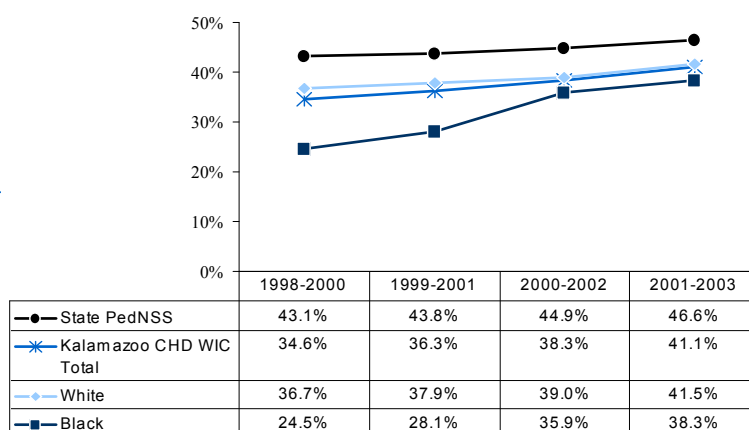


Figure 4. Average prevalence of **iron deficiency anemia*** by race/ethnicity among infants and children under five years old, 2001-2003 PedNSS

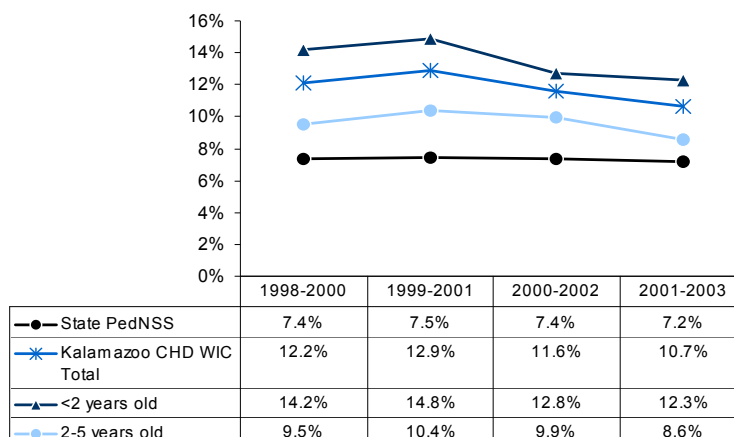


*For infants under the age of one year, iron deficiency anemia is defined as having either a hemoglobin concentration of 11.0 g/dL or a hematocrit level of less than 33%. For children two to five years old, iron deficiency anemia is defined as having either a hemoglobin concentration less than 11.1 g/dL or a hematocrit level below 33.3%.

Even when stratified by race/ethnicity, the prevalence of iron deficiency anemia was higher among White and Black infants and children under five years old of Kalamazoo CHD WIC than their state peers.

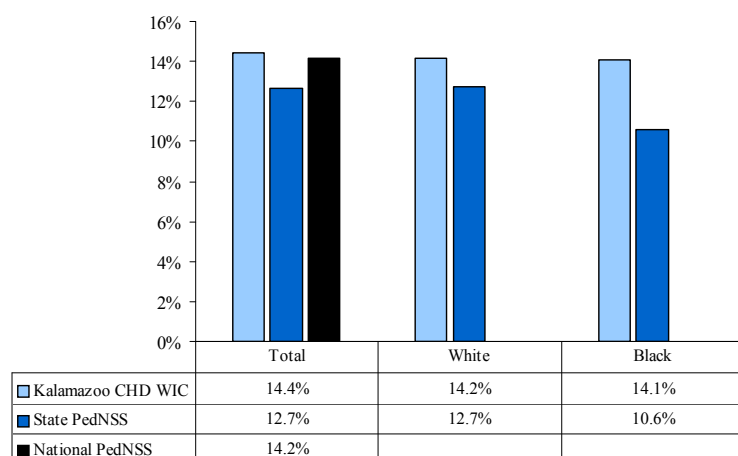
The disparity between the short stature prevalence among Kalamazoo CHD WIC infants and children and state WIC infants and children decreased since 1999-2001.

Figure 5. Trend in **short stature*** by age group among infants and children under five years old, 1998-2003 MI PedNSS



*Short stature is defined as having a height-for-age below the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

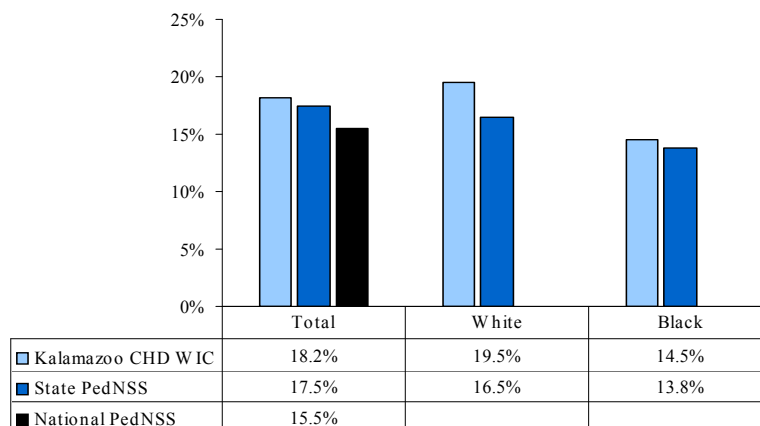
Figure 6. Average prevalence of **overweight*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS



*Overweight is defined as having a weight-for-height greater than the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

The overall prevalence of overweight among Kalamazoo CHD WIC children two to five years old was higher than both the state and national PedNSS prevalences.

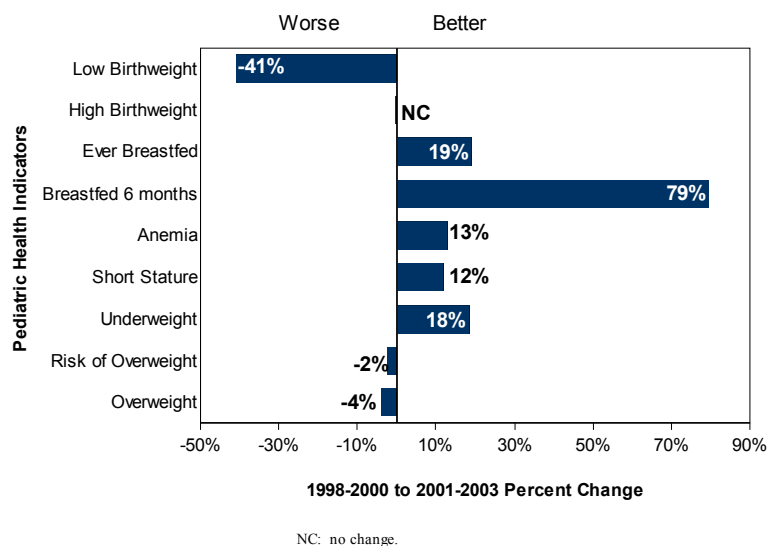
Figure 7. Average prevalence of **risk of overweight*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS



*Risk of overweight is defined as having a weight-for-height between the 85th and the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

The prevalence of risk of overweight was also higher among Kalamazoo CHD WIC children compared to their state and national peers.

Figure 8. Pediatric **health progress review** for Kalamazoo CHD WIC infants and children under five years old, 1998-2000 and 2001-2003 MI PedNSS



Kalamazoo CHD WIC infants and children under five years old made progress in five of nine health and nutritional indicators, especially in breastfeeding to six months of age.



Jennifer M. Granholm, Governor

Janet Olszewski, Director

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Michigan Department of Community Health

WIC Program

Mission Statement

The mission of the Michigan WIC program is to improve the health outcomes and quality of life for eligible women, infants, and children by providing nutritious food, nutrition education, breastfeeding promotion, and support and referrals to health and other services. To this end:

- Delivery of services and supports are to be provided in a caring, respectful, efficient, and cost effective manner.
- Delivery of services shall be provided in a culturally competent and confidential manner.
- The WIC Program shall assure the broadest possible access to services, supports, and food.